California Morbidity

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HIV Risk in Sex Industry Workers

Sex industry workers are at high risk for acquiring human immunodeficiency virus (HIV), the virus that causes AIDS. The Department of Health Services, Office of AIDS conducted a survey of HIV-related risk behaviors of sex industry workers from the Santa Barbara and Long Beach areas. This was part of a larger program funded by the Office of AIDS in which 13 local sites conducted behavioral surveillance on one of four priority groups identified in the *California HIV Prevention Plan.* The results of the survey revealed the predicted risk factors from injection drug use and sexual relations with clients. However, the survey also showed another source infection, which dictates a change in public health prevention intervention design.

Outreach workers conducted face-to-face interviews with a total of 460 sex industry workers who self reported that they had exchanged sex for drugs, money, or something else of value during the previous 30 days. The ages for the workers ranged from 16 to 59 with the average being 33 years old. The majority was female, with a small proportion being male or transgender. There were approximately equal proportions of Whites, African-Americans, and Latinos; the remainder reported race as Asian/Pacific Islander, Native American, or "other."

Characteristics of Sex Workers		
Age	16 – 25	23%
	26 – 40	56%
	41 – 59	21%
Sex	Female	88%
	Male	5%
	Transgender	7%
Race	White	32%
	African-American	31%
	Latino/a	31%
Risk from Sexual Behaviors (Previous 6 months)		
Partners	Median number	58.5
	Had male partner	100%
	Had MSM* partner	45%
	Had IDU** partner	47%
	Had HIV-infected partner	2%
Average condom use	With primary partner	48%
	With other male partners	88%
Risk from Drug and Needle Use (Previous 30 days)		
	Injected any substance	35%
	Injected heroin	26%
	Injected speedball	20%
	Injected cocaine	18%
	Shared needles	22%
	Used "crack" cocaine	54%
Sexually Transmitted Diseases (Previous 12 months)		
	Any STD	52%
	Genital warts	18%
	Trichomonas	17%
	Gonorrhea	17%

* Men who have sex with men
** Injection drug user
Source: California Department of Health Services

The sex industry workers were asked several question that dealt with HIV risk behaviors, such as sex partners, drug and needle use, and their history of sexually transmitted diseases as well as questions about their attitudes about HIV/AIDS, and their demographics. The interviews revealed a range of one to 1,680 sexual partners in the previous six-month period, with 58.5 as the median number. All but one of the 460 workers interviewed reported having one or more male partners during this time period, and 62% reported one or more high-risk sex partners, including men who have sex with men, injection drug users (IDUs), and partners known to be HIV-infected.

Many of the sex workers interviewed indicated they had a primary partner with whom they had regular, non-business-related sexual relations. While condoms were frequently used (88%) while engaging in sexual intercourse with non-primary partners, they were used in fewer than half of the same types of sexual encounters with primary partners. For those workers with primary partners who are currently HIV-negative, monogamous, and non-injecting, unprotected sex does not present a risk. However, for many of these respondents this is not the case.

Of the 228 sex industry workers who reported having a primary partner, 31% indicated both 1) that their partner engaged in risky behaviors such as injection drug use or sex with others and 2) that no condom was used during the most recent episode of vaginal or anal sex with these partners. In contrast, only 18% reported unprotected sexual intercourse during their most recent sexual encounter with "other" partners. This indicates that a large number of sex industry workers are at risk from primary partners, as well as from their other partners.

Many of the sex industry workers interviewed admitted to participating in another high-risk behavior for HIV; injection drug use. Thirty-five percent of those interviewed reported using injection drugs during the previous 30 days, including heroin, speedball, or cocaine. The majority of those injecting also reported sharing needles at least once during the previous 30 days, most without cleaning. This behavior represents a serious risk for HIV.

Along with injection drug use, over half of the respondents reported crack cocaine use during the previous 30 days. Although this non-injection drug use does not pose a direct risk for HIV, previous research indicates that crack-smoking sex workers are at especially elevated risk for HIV infection. Anecdotal evidence suggests that crack use may impact HIV-related sexual behavior by motivating sex workers to trade sex for drugs, a behavior which is typically a marker for riskier sexual practices. In our group---, however, although trading sex for drugs was a prevalent behavior among the drug-users (64%), crack users were not more likely than other drug users to report trading sex for drugs.

Another occupational hazard encountered by sex industry workers is sexually transmitted diseases (STDs). Over half of the respondents reported one or more STDs diagnosed by a doctor or other health professional in the previous year. The most commonly reported STDs were genital warts, trichomoniasis, and gonorrhea. STDs are relevant for HIV prevention efforts both because they serve as a marker for the presence of HIV risk behaviors and they also increase the likelihood of HIV transmission

because of a weakened immune system or by causing skin lesions which can act as a portal for transmission.

The sex industry workers interviewed in this study appear to be at direct risk for HIV transmission from sharing needles and from sexual behaviors with primary as well as with other partners. Indirect sources of risk may include non-injection drug use and a high prevalence of STDs. Identifying prevalent risk behaviors of groups at high risk for contracting HIV is a first step in designing prevention interventions to target these specific behaviors. However, before maximally effective interventions can be designed, more in-depth knowledge is required. For example, interventions with sex industry workers typically focus on the need to use condoms or substitute lower risk behaviors when engaging in sex for pay. However, the current findings show that interventions may also need to address the risk of unprotected sex with risky *primary* partners. Our interviews indicated that sex industry workers were at higher risk from primary partners than from other partners during their most recent sexual episode. This finding is consistent with previous research, which has found that sex workers are at risk from primary and/or other non-paying partners.

Designing an intervention to address this risk requires more information regarding why the behavior occurs. Previous researchers have speculated that sex workers do not use condoms with primary partners out of a need to establish intimacy with a primary partner, or as a way to demarcate "business" sex from "pleasure". However, other potential (although not mutually exclusive) explanations include the possibility that power dynamics within the relationship preclude the use of condoms, or that sex workers simply do not perceive themselves to be at risk from primary or non-paying partners. Although it remains for future studies to investigate these and other possible explanations for specific HIV risk behaviors, it is clear that designing an effective prevention intervention requires attention to this level of explanation.

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